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INTRODUCTION

There is uncertainty about whether women older than age 65 should undergo screening mammography. Although screening mammography may benefit some elderly women through the detection of early breast cancers, it may potentially harm other women through false positive diagnoses and the detection and surgical treatment of clinically insignificant lesions. This research study involves the design and implementation of a data analysis of HCFA Medicare billing claims linked with National tumor registry data from the Surveillance Epidemiology and End Results (SEER) program. The specific aims of this research will evaluate 1) differences in breast cancer mortality, 2) differences in breast cancer treatment (mastectomy and lumpectomy) and 3) difference in breast cancer tumor attributes (such as size and stage) between women who were screened and those who were not. Since women with co-morbidities have higher mortality rates than women without co-morbidities, this project will also evaluate whether there are differences in these outcomes by whether women have co-morbidities. An important associated project is to validate that the Medicare billing claims are accurate for the determination of screening mammography, and this analysis must be completed before the primary aims described above can be analyzed. Using prospectively collected data from the San Francisco-Oakland, New Mexico, and Washington State Breast Cancer Surveillance Consortium (BCSC) registries (an NCI sponsored collaboration of mammography registries) linked with data from Medicare for the same geographical regions from 1992–1996, we will assess whether Medicare physician claims can be used to accurately distinguish screening from diagnostic mammography. If the Medicare data base can be used to determine the use of screening mammography, the linked SEER-Medicare data base will be obtained to evaluate the described outcomes of screening mammography among elderly women.

BODY

The original Statement of Work for the project was to focus on “Validating Algorithm for Determining Screening History.” Our research efforts have focused on this aim, and the following goals have been achieved:

- 1) The linked Medicare HCFA/SEER database describing Medicare claims through 1998 and breast cancer cases through 1996 was obtained, and data cleaning of this complex administrative database is underway.
- 2) Developing an algorithm that will be used for determining the predictor variable of screening mammography utilization.
- 3) Data has been obtained from 3 Breast Cancer Surveillance Consortium (BCSC) Registries (New Mexico, Colorado, and San Francisco) describing the prospective interpretation of mammography examinations in 5,000 plus women >age 65 with breast cancer.
- 4) Begun linking the HCFA/SEER data with the BCSC datasets.

All of the original aims were to be analyzed by race and socio-economic factors. In addition to the previous efforts, we have begun to evaluate differences in the use of screening by race and socio-economic factors.

KEY RESEARCH ACCOMPLISHMENTS

- Data has been obtained, from HFCA Medicare, and three Breast Cancer Consortium Registries.
- Data linking is underway between the HFCA and BCSC data sets.
- Data cleaning MEDICARE/SEER data set.

REPORTABLE OUTCOMES

None

CONCLUSIONS

Due to a transfer of name to this grant, Philip Chu just received the monies in January, 2002.

Many of the goals for Year 1 of the project are being completed. The project is moving along quickly and the analyses of the remainder of the aims are expected to proceed as originally planned.